

Entered - 4-29-98 - sb
CL 98L0285 - ALEXIS HOLMES

CLAIM OF: **RODNEY HOLDER**
P.O. Box 870801
Stone Mountain, Georgia 30317

01- *R* -0438

For damages alleged to have been sustained as a result of an unsecured construction cut in the road on April 4, 1998 at Memorial Drive and Moreland Boulevard.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **RODNEY HOLDER** the sum of **\$751.81** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of an unsecured construction cut in the road on April 4, 1998 at Memorial Drive and Moreland Boulevard as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0285

Date: 3/01/01

Claimant /Victim RODNEY HOLDER

BY: (Atty) _____

Address: P.O. Box 870801 Stone Mountain, Georgia 30317

Subrogation: _____ Claim for Property damage \$ 751.81 Bodily Injury \$ _____

Date of Notice: 4/8/98 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 4/15/98 Place: Memorial Drive near Moreland Boulevard

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant sustained vehicular damages when he drove over an unsecured construction cut in the road that was made by City workers in order to connect a sewer line to a new business.

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written _____ Oral X

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

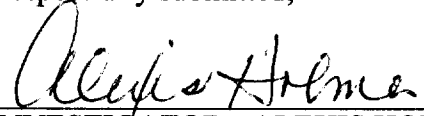
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 751.81 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager:  Concur/date 03-02-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W.
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

15 1998 TODAY'S DATE: 4-8-98

Oatis
04/24/98

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

ENTERED - 4-29-98 - SB

1. Date of incident: 4 8 98 (month day year)
2. Police Called: 9810285- ANTHONY OATIS (yes) (No)
3. Location of incident: Memorial
4. Name of your insurance company Allstate Policy # 615277788

5. State what and how incident occurred: There was an hold in the Rd, The City Had Ben working on the Rd and left the Rd and Cam

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! (use other side if necessary)

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.

Your vehicle: VOLVO 85 (make) (year) Rodney Holder (driver's name) (tag#)

City vehicle: (make) (driver's name) (department)

8. Witness: (name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

P.O. Box 870801 STN. MTN. GA 30317

Rodney Holder (claimant) (SEAL)
1776 Fairway Hill DR (address)
ATL GA 30317 (city) (state) (zip)
770 245-5287 or 404 867-3866 (home) (phone) (work)

REV 2/84 JWP

01-R-0438

CITY HALL INFORMATION

404-330-6000

GEORGE MCKENZIE
SEWER SERVICE SUPERVISOR

(404) 624-753 EXT. 327